

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 585.00)

**Complete If Known**

|                      |                        |
|----------------------|------------------------|
| Application Number   | 10/791,948-Conf. #4130 |
| Filing Date          | March 3, 2004          |
| First Named Inventor | Warren S. Taranow      |
| Examiner Name        | T. Patel               |
| Art Unit             | 3772                   |
| Attorney Docket No.  | TNW-10002/29           |

**METHOD OF PAYMENT** (check all that apply)

|  |   |   |                               |   |
|--|---|---|-------------------------------|---|
| <input type="checkbox"/> Check   | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order  | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number:                         | 07-1180   | Deposit Account Name:         | Gifford, Krass, Sprinkle,                               |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |   |                               |   |
| <input type="checkbox"/> Charge fee(s) indicated below   |   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                               |   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 |   | <input checked="" type="checkbox"/> Credit any overpayments                       |                               |   |

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                             |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fees Paid (\$) |
| Utility          | 310         | 155                   | 510         | 255                   | 210              | 105                         |
| Design           | 210         | 105                   | 100         | 50                    | 130              | 65                          |
| Plant            | 210         | 105                   | 310         | 155                   | 160              | 80                          |
| Reissue          | 310         | 155                   | 510         | 255                   | 620              | 310                         |
| Provisional      | 210         | 105                   | 0           | 0                     | 0                | 0                           |

**2. EXCESS CLAIM FEES****Fee Description**

|  |          |          |
|--|----------|----------|
| Each claim over 20 (including Reissues)            | Fee (\$) | Fee (\$) |
| Each independent claim over 3 (including Reissues) | 50       | 25       |
| Multiple dependent claims                          | 210      | 105      |

|              |              |          |               |                           |
|--------------|--------------|----------|---------------|---------------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
| 10 - 20 =    | x            | =        |               | Fee (\$)                  |

HP = highest number of total claims paid for, if greater than 20.

|               |              |          |               |                           |
|---------------|--------------|----------|---------------|---------------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
| 1 - 3 =       | x            | =        |               | Fee (\$)                  |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|              |              |  |          |               |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 =      | /50 =        | (round up to a whole number) x                   | =        |               |

**4. OTHER FEE(S)**

|   |                  |
|---|------------------|
| Non-English Specification, \$130 fee (no small entity discount)   | Fee Paid (\$)    |
| Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...<br>1606 Submission of an Information Disclosure Statement | 405.00<br>180.00 |

**SUBMITTED BY**

|                   |                |                                      |        |           |                  |
|-------------------|----------------|--------------------------------------|--------|-----------|------------------|
| Signature         | /John G. Posa/ | Registration No.<br>(Attorney/Agent) | 37,424 | Telephone | (734) 913-9300   |
| Name (Print/Type) | John G. Posa   |                                      |        | Date      | October 15, 2007 |